FILE

04F1CAN 655

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

MAY 1 2 2004

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DEAN HELLER SECRETARY OF STATE

NAME BILL HOLLER MAILING ADDRESS 3613 FLM ST CITY, STATE, ZIP SILVER SPRINGS A TELEPHONE 1-775-577-4082	LENG LENG NV 89429 VOTE	TH OF RESIDEN	CE IN NEVADA _ CE IN DISTRICT V NRS 281.571(1)		TERE	<i>RS</i> 0 TO
List all public offices for which this financial disclosure of the second secon	Annual Compensation \$\$	Term or Date Appointed	all elected and	OMIDIDATE	to fill une of an e appoin of (within	INTMENT Expired term elected or ted public fficer 30 days) NRS 559(1)(a)
List all general sources of income for you and me Social Security Disabilated Teamsters Annuity Sale of Property			,	RS 281.571, S	Subsection Self	ion 1(b)]: Household Member
List each creditor to whom you or a member of or deed of trust on real property which is not requestion vehicle for personal use was retained by seller]	quired to be listed be [NRS 281.571, Subsect	elow, and (2) d ion 1(d)]:	ebt for which a	security inte	d by narest in	nortgage a a motor Household Member

List each business entity (i.e., organization or enterprise operated for econfirm, business, trust joint venture, syndicate, corporation or association) winvolved as a trustee, beneficiary of a trust, director, officer, owner in whole a class of stock or security representing 1% or more of the total outstanding [NRS 281.571, Subsection 1(f)]:	with which you or a member of your household is le or in part, limited or general partner, or holder of
N/A	Self Househo
List specific location and particular use of all real estate (other than person your household has a legal or beneficial interest; (2) the fair market value of state or an adjacent state [NRS 281.571, Subsection 1(c)]: Specific Location Sp	sonal residence): (1) in which you or a member of of which is \$2,500 or more; and (3) located in this Particular Use None None
List the identity of donor and value of each gift received in excess of an during the preceding taxable year [except (1) a gift received from a person consanguinity or affinity; and (2) ceremonial gifts received for a birthday, we occasion if the donor does not have a substantial interest in your legislative [NRS 281.571, Subsection 1(e)]: Donor	on who is related to you within the third degree of wedding, anniversary, holiday or other ceremonia
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Date: $5/12/04$ Signature: $BILL$	L HOLLER

Revised 8/28/2003

STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16 Carson City, Nevada 89706-7946 (775) 687-5469 • FAX (775) 687-1279 MAY 1 2 2004

DEAN HELLER SECRETARY OF STATE

Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and understand the statutory ethical standards for public officers and public employees provided in NRS Chapter 281. I acknowledge that I have (check all that apply):

reviewed the provisions of NRS Chapter 281 on-line from the Commission's website http://ethics.state.nv.us

reviewed the provisions of NRS Chapter 281 by requesting a copy thereof from the Commission office.

I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283.440.

5/11/04 Date	Bell Holler Signature	
<u>/-775-577-4082</u> Telephone Number	Printed Name	
Fax Number	Mailing Address 36/3 ELM ST SILVER SPRIM 894	JGS NV
E-mail Address	NONE	
Silver	adama CIA Da Taratan	

If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file. If you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.

Office or Position